FOF	RΝ	<u> </u>	12	-3	1	

(Rel.71-6/97 Pub.605)

PTC/SB/122 (8-96)
Please type a plus sign (+) inside this box

Approved for use through 6/30/99. OMB 0851-0335

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number 09/540,578 **CHANGE OF** 03/31/2000 Filing Date **CORRESPONDENCE ADDRESS** WEHRMANN First Named Inventor Application 1638 Group Art Unit Address to: **Examiner Name** MEHTA, ASHWIN D **Assistant Commissioner for Patents** Washington, D.C. 20231 Attorney Docket Number 1237

Diseas sheet	the Companyations Address for the show	iden	ified	anolication (
Please change the Correspondence Address for the above-identified application to: Customer Number OR Type Customer Number here					Place Customer Number Bar Code Label here				
Firm <i>or</i> individual Name	i								
Address	7100 NW 62ND AVE DARWIN BLDG								
Address	PO BOX 1000								
City	JOHNSTON	State	•	IA	ZIP	50131			
Country	UNITED STATES								
Telephone	515-248-4888		Fax	515-334	515-334-6883				
I am th	Oata Change" (PTO/SB/124). e: Applicant.								
Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. X Attomey or agent of record.									
Typed or Printed Name	LILA A. AKRAD								
Signature	12-19-03								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Petent and Tradement Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.